

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT

Hoopa Valley Tribal Council
Personnel Department
P.O. Box 1348 • Hoopa, CA 95546-1348
(530) 625-4211 • FAX (530) 625-5204



POSITION APPLIED FOR _____ DATE _____

DEPARTMENT _____ SALARY DESIRED _____

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
------	------	-------	--------	------------------------

PRESENT MAILING ADDRESS	P.O. BOX	CITY	STATE	ZIP	PHONE NUMBER
-------------------------	----------	------	-------	-----	--------------

IN CASE OF EMERGENCY NOTIFY	RESIDENCE PHONE	BUSINESS PHONE
-----------------------------	-----------------	----------------

HAVE YOU EVER APPLIED FOR WORK WITH THE HOOPA VALLEY TRIBE BEFORE? YES ☐ IF YES, GIVE DATES AND DEPARTMENT
NO ☐

ARE YOU UNDER 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS INDIAN PREFERENCE REQUESTED? YES _____ ATTACH COPY OF MEMBERSHIP CARD NO _____	DATE AVAILABLE FOR EMPLOYMENT
--	--	-------------------------------

PAST EMPLOYMENT HISTORY

PLEASE LIST YOUR EMPLOYERS, STARTING WITH YOUR MOST RECENT POSITION.
CONTINUE ON SEPARATE SHEET IF NECESSARY — ATTACH RESUME IF REQUIRED.

FROM	NAME AND ADDRESS OF COMPANY	TELEPHONE
MONTH YEAR	PRIMARY DUTIES PERFORMED	
TO	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
MONTH YEAR		
FROM	NAME AND ADDRESS OF COMPANY	TELEPHONE
MONTH YEAR	PRIMARY DUTIES PERFORMED	
TO	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
MONTH YEAR		
FROM	NAME AND ADDRESS OF COMPANY	TELEPHONE
MONTH YEAR	PRIMARY DUTIES PERFORMED	
TO	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
MONTH YEAR		

LIST THREE REFERENCES

NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	
NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	
NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	

Please indicate your Education and Training Background						
KIND OF SCHOOL	NAME OF SCHOOL	LOCATION	DATE STARTED	DATE LEFT	DATE GRADUATED	COURSES TAKEN
HIGH SCHOOL						
COLLEGE						
OTHER TRAINING						
Are there other Experiences, Skills or Qualifications, which you feel would especially suit you for work with the Hoopa Valley Tribe? <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>						
VALID CA DRIVERS LICENSE YES <input type="checkbox"/> NO <input type="checkbox"/>		LICENSE # _____		LIST ENDORSEMENTS _____ _____		
CLASS A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		OTHER _____ STATE _____				
LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S. YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL ACCEPT FULL-TIME <input type="checkbox"/> REGULAR EMPLOYMENT <input type="checkbox"/>		PART-TIME <input type="checkbox"/> TEMPORARY EMPLOYMENT <input type="checkbox"/>		

PLEASE READ THIS CAREFULLY BEFORE SIGNING.

The Hoopa Valley Tribal Council is an equal opportunity employer and considers all applicants on the basis of job qualification and without regard to race, religion, age, national origin, physical or mental capacity. Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. Indian Preference will be given pursuant to the Tribal TERO Ordinance.

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge. I hereby grant permission to the Hoopa Valley Tribal Council and its personnel to confirm by personal inquiry or otherwise, the information I have given in the employment process. I understand that any willful misrepresentation of facts given in this process is grounds for rejection of the application or dismissal if employed. I release all persons connected with any requests for information from all claims, liability, and damages for whatever reason arising out of furnishing the information. I understand that if hired, such employment is conditioned upon a favorable pre-employment evaluation.

I hereby acknowledge that I have read and understand the above statement.

We appreciate your interest and the time you have taken to prepare this application. Thank you.

Applicants Signature

Date

Do not write below this line.

DATE OF INTERVIEW

ATTENDED INTERVIEW

EXCUSED ABSENCE

YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐

YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐